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| IUOE, | Stationary | Engineers | Local | No | 3.0 | Morro d - | D 3 C | |
|--|------------|------------------|--------|------|----------|-----------|-------------------|--|
| Name (print) | | 05 | HOCAT. | IVO. | <u> </u> | Nevada | PAC | |
| · ···································· | | Office (if appli | cable) | | | | District (if appl | |

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN | NAME AND ADDRESS OF 3 ¹⁰⁰ PARTY IF LOAN GUARANTEED BY 3 ¹⁰⁰ PARTY | NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR |
|--|------------------------------|--------------------------------|--------------------------|---|--|
| City of Reno 490 S. Center Reno NV 89501 | 6/3/05 St. | 4506.30 | | JIO LARIN | 12 |
| City of Reno | 11/4/05 | 4471.42 | | | |
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Revised: Oct-05

2 _{OF} 4 PAGE_

IUOE, Stationary Engineers Local No. 39 Nevada PAC

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | A |
| Expenses related to volunteers | В |
| Expenses related to travel | С |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | Н |
| ** Goods and services provided in kind for which money would otherwise have been paid | I |
| Other miscellaneous expenses | J |

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period

Name (print)

Office (if applicable)

IUOE, Stationary Engineers Local No. 39 Nevada PAC District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 294A 365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| Lindquist LLP 5000 Executive Pkwy # San Ramon CA 94583 | A 400 | 2/16/05 | 300.00 |
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